22 July 2006

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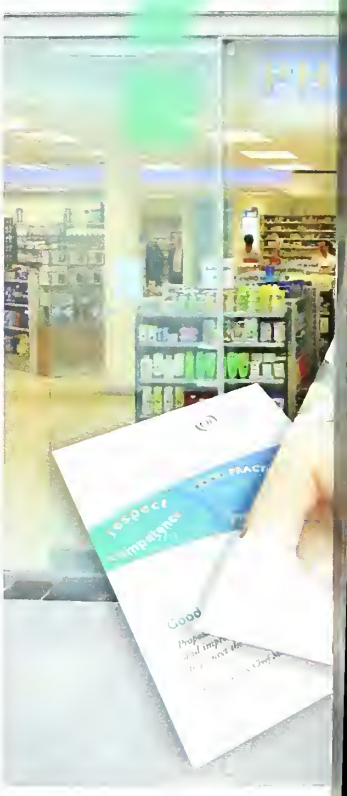
Foster review casts cloud over Society's dual role

RPSGB Regulatory function and Council composition under threat



Royal Pharmaceutical Society of Great Britain

Ailsa Colquhoun

The RPSGB could lose its regulatory function and see the composition of its Council considerably revamped, under proposals voiced by the Department of Health.

The 'Foster' review of the regulation of non-medical healthcare professionals – so called after former DH workforce director general Andrew Foster – outlines six main areas of change for consultation:

- How to demonstrate initial and continuing fitness to practise.
- Fitness to practise investigations.
- Support workers and regulation.
- New and extended professional roles.
- How regulation supports its wider context.
- Structure, functions, governance and number of regulators.

Specifically referring to the RPSGB and the PSNI in this last stream of work, Mr Foster outlines his belief that the RPSGB's role of "promoting the profession" has caused uncertainty and dispute, saying: "There is tension between the focus inwards on the professions' interests and the need for the regulator to be seen to be free from such influences."

Noting that the RPSGB and the PSNI are two of only four regulators to also have a representative role, the document states: "This review will provide opportunities to bring the regulation of these professions into line with the majority."

He adds, without further explanation, that Northern Ireland's Department of Health, Social Services and Public Safety has recommended that the PSNI and the RPSGB should merge into a single UK body.

Turning to the composition of the professional bodies' councils, the consultation points out that the current election system lays bodies such as the RPSGB open to criticism of partiality. Foster therefore advocates appointing council members, and asks respondents to consider the most appropriate mix of professional and lay members.

The non-medical professionals' review is accompanied by a raft of recommendations for the regulation of doctors, published in a separate document for consultation called 'Good doctors, safer patients'.

The two documents aim to set out the direction of travel to be considered, Mr Foster says, adding that consultation will inform the practicalities of implementation.

The consultation closes on November 10, and responses can be emailed to hrdlistening@dh.gsi.gov.uk

For further information, go to www.dh.gov.uk/liveconsultations

Origins of the Foster review

In March, 2005, five years after the establishment of the Health Professions and the Nursing and Midwifery Councils, the then secretary of state for health John Reid saw his opportunity to review the effectiveness of professional regulation as a whole, and to bring their processes in line with doctor regulators.

The result, the 'Foster' review, was carried out by DH director of workforce Andrew Foster, who was advised by an advisory group including RPSGB registrar Ann Lewis and acting chief pharmaceutical officer Jeannette Howe.

The 268-page two-volume review takes its reference from a 'call for ideas', which prompted over 100 responses, oral evidence from regulatory bodies, and work commissioned by Which? into public understanding and expectations of professional regulation and information and the Department of Health into the regulation of health professionals in other countries.

Foster recommends 25 ways to address regulatory inconsistency

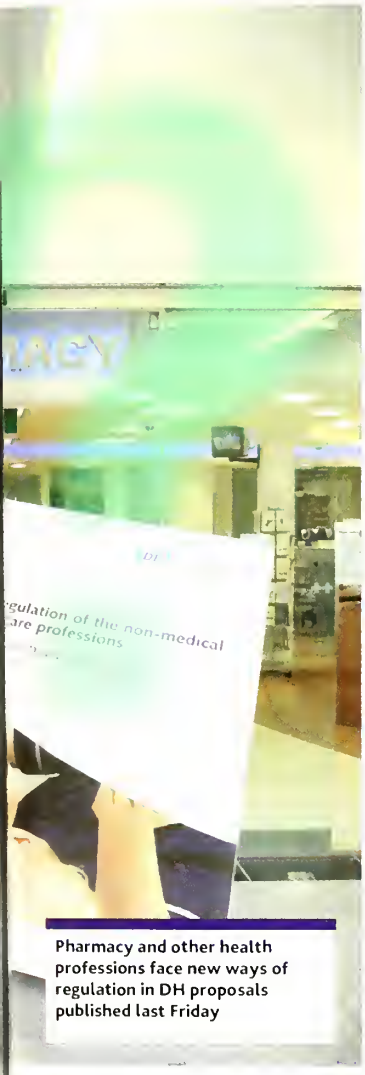
Policy Recommendations intended to iron out inconsistencies in regulation

Concluding that the system of professional regulation in the UK has been inconsistent, the Foster review sets out 25 recommendations, including the need for review in 2011. In summary, these are:

- Where possible there should be one integrated and consistent framework of regulation across the different professions.
- There should be common standards for people entering their various professional registers, including a single definition of 'good character'.
- All professionals should be required to revalidate, with standards set by their regulator, but that revalidation should be carried out by one of three bodies, depending on the employment status of the professional.
- Fitness to practise concerns should initially be heard, and where possible resolved, at a local level, under protocols and an audit procedure put in place by the Council for Healthcare Regulatory Excellence.
- There needs to be a reconsideration of the current fitness to practise adjudication procedures. "There is a concern that the regulator should not be prosecutor and judge in his own courtroom."

In addition, the 'Good doctors, safer patients' report also highlights areas of change that could be considered appropriate for non-medics such as pharmacists, including:

- That, in light of modernised registers, PCTs may no longer need to hold performers lists.
- That pharmacist locum agencies could be registered with the Healthcare Commission.
- That the standard of proof for fitness to practise cases should be similar to the civil law – of proof on the balance of possibilities.



Pharmacy and other health professions face new ways of regulation in DH proposals published last Friday

PSNI voices concern at mooted merger

Profession RPSGB welcomes merger proposal but PSNI to consult with members, highlighting safety

The Pharmaceutical Society of Northern Ireland is to consult with its 1,800 members on proposals to merge with the RPSGB.

In a statement issued in light of the report, it points out that the PSNI has been in existence since 1925, that it has "effectively promoted and regulated" its pharmacists, and has a "very effective regulatory regime".

"Public safety remains at the core of our function," PSNI director Raymond Blaney said, adding that in a survey patients gave community pharmacy services a 99 per cent satisfaction rating.

For its part, the RPSGB will welcome the mooted merger. In a letter sent to the Department of Health in February, president Hemant Patel pointed out that the Society was the only regulator not to be UK-wide.

However, he also voiced concern at that stage that Mr Foster did not have a "clear understanding of the ways in which the Society works through its integrated roles", and that the review was "basing its thinking on premises not based in evidence".

In response to the report, Mr Patel said: "We have made a robust and evidence-based case for the effectiveness of the Society's roles. The Society's members will find it disappointing that the report creates uncertainty over how these roles might be discharged in the future."

GPs have also reacted to the recommendations affecting the medical profession. The British Medical Association has vowed to consult members on the suggestion that fitness to practise decisions can be made on the basis of balance of probability, rather than proof beyond reasonable doubt. James Johnson, BMA Council chairman, commented: "It opens the door to miscarriages of justice."

The BMA also suggested that the move to have representatives appointed rather than elected to the GMC will be seen by doctors as an erosion of professionally-led regulation – a move that will alienate most doctors.

It is also concerned that the proposals will considerably disempower the GMC.

However, among the proposals welcomed by the BMA is the local focus on fitness to practise hearings.

Foster could add £50m to regulation fees

Finance Professional regulation costs may climb

Healthcare professionals in the UK could end up paying between £35 million and £50m more per year for their professional regulation if the measures are implemented.

Mr Foster admits that the total cost of professionally-led regulation in the UK currently stands at between £100m and £120m, which is mostly paid by individual contractors. Accepting that his proposals could increase this burden, Mr Foster mitigates by saying that improvements in safety also bring significant cost savings, for example in accidents and injuries avoided.

He notes that professional fees vary from around £43 per annum for nurses to over £1,000 per annum for chiropractors, depending on the number of practitioners in a particular group and the costs associated with their professional regulation.

How will Foster consultation fit in with draft Section 60 order?

RPSGB Opinion split on how they will fit together

The Foster report and the draft Section 60 Order (S60) contain a number of areas of common ground. Both, for example, cover the Society's role in fitness to practise issues and in continuing professional development, and both question the viability of its shared regulatory and representative functions. Both also look at the future composition of the RPSGB's Council.

Although the Foster report appears to introduce other, as yet unspecified, players into the regulation of pharmacists' CPD and fitness to practise, it also suggests an overarching regulatory role for the Society, the terms of which will need to be defined. The Foster review explicitly says that commitments to modernise pharmacy regulation by means of the S60 order will be honoured.

The Department of Health commented. "These S60 orders will be completed before any legislation to take forward the review's recommendations, which are out for consultation until November 10. They are required in order that the relevant bodies can continue their functions appropriately. This work should be seen as complementary to the overall aims of the review recommendations."

The DH spokesman pointed out that the S60 order provides powers for the Privy Council to vary the size and composition of Council in future, subject to a professional majority, and the overall size should not exceed more than 35 members. "These are the powers that would be used should the review consultation suggest that alterations should be made," the spokesman added.

Your views

"Foster signals that the RPSGB has lost its last facet of democracy A Council appointed by government can only look at things as a regulator. How can it look at things from the representative role? This is a clear indictment of the objectives of Save our Society Because of what we achieved, we can 'laugh' at the Foster recommendations, take out our assets and set up a representative Royal College-style group."
Mark Koziol, Save our Society group member

"There has always been conflict in the Society about its statutory role as a regulator and its representative role under the Charter. It is a different ball game than 70 years ago when the two functions came together, and as such it is impossible to see how the two roles can be maintained – as Foster points out, the RPSGB is the odd one out among the regulators. But what is not clear is how the separation will be done. For many years I have advocated separation of the two functions but with RPSGB retaining its professional role. This would benefit both roles."
Gordon Appelbe, former head of RPSGB law department

"The RPSGB has been jealous of its reputation and that of its members. I believe it is far easier for a pharmacist to be struck off than other healthcare professionals There is a need for clinical governance but can you prove it is not working? I don't believe you can
Roger King, Avon LPC secretary

"There is no doubt that under the Foster recommendations the RPSGB is going to have less control on issues such as fitness to practise and revalidation. The question is who down that road will Foster [illegible]
Ian Facer, acting chairman central Lancashire LPC

PSNC 'hopes' to raise MUR limit to 400 a year

PSNC Negotiators seek higher threshold in latest funding package

Gary Paragpuri

Contract negotiators hope to increase to 400 the number of medicines use reviews that pharmacists in England and Wales can do in the current financial year.

The higher threshold, which would equate to £9,200 at current fees, is just one element of the global sum for 2006-07 under discussion by PSNC and the Department of Health. But both parties are still waiting for the results of an invoice inquiry made in October 2005 and February 2006. PSNC hopes to agree the contract's funding at its September meeting, said chief executive Sue Sharpe.

A key factor in the discussions is an underpayment from last year's global sum. A lower than expected rise in prescription volume resulted in underpayment on some fees and allowances, PSNC said.

This was in addition to an underpayment in EPS (electronic transfer of prescriptions) and advanced services payments of about £36 million and £30m respectively, according to Mrs Sharpe, who added that ministers had committed to delivering last year's £1.766bn global sum. Mrs Sharpe also ruled out the introduction of further advanced services this year, claiming it was still "early in the contract".

Sue Sharpe: funding for contract should be agreed in autumn

Revised MUR forms available soon

PSNC is developing a revised MUR form following difficulties encountered by contractors and GPs. Due within the next few months, it will contain the same information in a shorter format.

PSNC has also developed a form to help contractors apply to PCTs to conduct MURs away from the pharmacy. Contractors can apply to carry out MURs in:

- consultation areas away from the pharmacy but which still meet the standard criteria;
- in specified premises for a specified patient eg a patient in his or her home;
- in specific premises for particular categories of patients eg a care home;
- via a telephone consultation for a particular patient on one occasion.

PCTs may require that enhanced criminal records bureau checks are carried out prior to giving consent but the cost should be borne by the PCT, says PSNC. The form can be downloaded from the resources section of PSNC's website (www.psnc.org.uk).

NI tackles patient fraud

Northern Ireland Pilot of e-prescribing planned

Northern Ireland is planning to pilot its Electronic Prescribing and Eligibility System (EPES) within 12 months, senior NI health department officials have revealed.

This week, project manager Pat Davis announced that Hewlett Packard (Belfast) had won the Department of Health, Social Security and Public Safety's recent tendering process, paving the way for a pilot and ultimately national roll-out of the system.

Currently, the primary function of EPES is to tackle patient prescription fraud. It will enable the Counter Fraud Unit to increase the number of checks it performs to 250,000 a month so reducing losses, currently running at £7m-£8m a year, by 50 per cent. However, in the long term the system will also improve the speed and accuracy of pharmacists' reimbursement. **AC**

Scotland's chief pharmacist Bill Scott received an honorary Doctor of Science degree last week from Terry Healey, head of the School of Pharmacy at the Robert Gordon University. Professor Scott has been an honorary professor at the Aberdeen educational institute since 2004

Emergency duty reminder

RPSGB Society ethics campaign launched

The RPSGB has embarked on a campaign to remind pharmacists of their responsibilities to make emergency supplies.

Doug Simpson, of the Society's law and ethics committee, said pharmacists were right to exercise caution to avoid the emergency clause being abused by patients. However, he said there were certain conditions where it could be used in the patient's interest: "If a pharmacist has refused they might have to answer further down the line because it could endanger the patient."

The issue was raised at the committee's recent meeting, where members also discussed the possibility of developing guidance on chaperoning.

Mr Simpson said it was an obvious topic for consideration since pharmacists spent more time in consultation rooms for MURs. **TH**

News in brief

Black cohosh warning

Safety warnings about the risk of liver disorders are being added to the labels of products containing black cohosh, following a review by the UK drug regulator.

In addition, the European drug agency has suggested that healthcare professionals ask patients if they are using black cohosh products, and to advise them to discontinue use and consult their doctor if there are signs of liver injury (tiredness, appetite loss, yellowing of the skin and eyes, or dark urine).

CPD support

A guide to help pharmacists understand continuing professional development and how to record it has been published by the Royal Pharmaceutical Society.

Available on request by telephoning 020 7572 2540 or at www.uptodate.org.uk, the guide aims to help those who have yet to start recording CPD, as well as those who need ongoing support.

Smaller sales forces

European pharmaceutical companies are expected to downsize their sales forces over the next few years in favour of fewer, better quality calls. Pharmaceutical industry strategists Roland Berger made the prediction on the back of regulatory changes, growing financial pressure and changing buyer behaviour in the market.

Scottish clawback

The level of discount clawback will stay at 13.75 per cent for July payments to contractors north of the border, the Scottish Executive Health Department has said. However, SEHD has said that it will revise the level of clawback as more payments are made for the minor ailments and public health services, and in infrastructure support fees.

Bogus Lipitor found

The MHRA has issued a recall for Lipitor 20mg tablets bearing the batch number 004405K1, following the discovery of more counterfeit products in the UK supply chain. See www.mhra.gsi.gov.uk for more details.

IF YOUR CUSTOMERS THINK A NASAL SPRAY COULD NEVER BEAT ANTIHISTAMINE TABLETS

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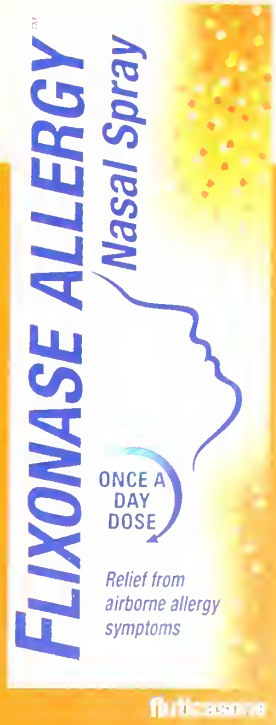

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Prescription charges put under microscope

Practice Group of MPs describes current prescription charging system as a 'mess'

Tom Hawkins

A group of MPs has called on the government to consider abolishing prescription charges as part of a major review of NHS patient costs.

In a damning report that labels the current system a "mess", the Health Select Committee said charges can "deter some patients from seeking and obtaining care and can have a negative effect on health outcomes". The document also questioned anomalies in the list of social and medical exemptions.

Compiled in 1968, the list does not feature long-term illnesses such as AIDS, cystic fibrosis and Parkinson's disease.

The committee said evidence was urgently needed to shape a major review. This could ultimately result in the abolition of prescription charges, which net the government £427 million every year, or even extend to all NHS charges being scrapped, leaving a £1 billion hole in NHS funds.

Alternative proposals include the introduction of a limited formulary of cheaper medicines for certain conditions, a lower charge with fewer exceptions or a £1 flat fee with no exceptions. A further option could be reference pricing, linked to the therapeutic value of the medicine.

In the short-term, the group called for prescription prepayment certificates to be monthly, limited to 12 times the cost of a single prescription per year, and reduced for those who are on the NHS low income scheme.

Rob Darracott, Royal Pharmaceutical Society corporate and strategic development director, expressed no surprise at the committee's findings, saying it concurred with the RPSGB's opinion that "there should be no financial barrier to the use of prescribed medicines".

But he warned: "Any changes to the prescription charge system would require careful implementation and planning, not least to avoid destabilising welcome moves to improve access to medicines from pharmacists through minor ailment schemes and medicines' reclassification."

Rob Darracott: any changes to the prescription charge system must be planned

A Department of Health spokesperson defended claims the current system is a mess, saying: "More than 87 per cent of all NHS prescription items are dispensed free of charge and there is help available to many patients on low incomes."

Errors could be reduced

Prescribing Intervention in hazardous prescribing

Pharmacist-led interventions could substantially reduce potentially hazardous prescribing, suggests the leader of a study being carried out by the University of Nottingham.

Professor Tony Avery, head of the university's primary care division, is heading a £580,000 three-year project funded by the Department of Health's Patient Safety Research Programme. Six part-time pharmacists – three with a PCT background and three from community – have been recruited to spend two days every 12 weeks in 68 GP practices around Nottingham and Manchester giving feedback on prescribing practices.

Professor Avery said: "They have had four weeks' training going through the evidence base and getting acquainted with GP computer systems and how GP prescribing works," he explained.

The work aims to pinpoint areas of weakness in prescribing that lead to errors, and investigate how pharmacist interventions could help to avoid them in the future. JE

Wardles, the wholesale subsidiary of United Co-op Health Care, is visiting six United pharmacies in the Stoke-on-Trent area in this mobile audiology unit. Comprising a reception area and purpose-built audiometric booth, it offers free hearing tests to customers and passers-by. It is pictured outside the United pharmacy in Tunstall

Wales on track for script cards

Wales Prescription entitlement cards being issued

Regulations that allow Welsh patients using English GPs to take advantage of the lower prescription charges in Wales come into force on August 1.

Patients aged 16 to 60 years must present their entitlement card, which the Business Services Centre started to issue this month, to the pharmacist when collecting their medicines. For patients under the age of 25, the card will entitle them to exemption from prescription charges.

It is anticipated that the majority of patients presenting the entitlement card will be using pharmacies near to the England/Wales border. JE

SPGC

Minor ailment: MAS Manual Process

Qualifying circumstances

Q. Under what circumstances can I use the manual process for MAS?

A. You can only use the manual process under the following circumstances:

- No N3 connectivity established (new site or change of contractor code/status).
- No N3 connectivity for a period of greater than 72 hours (with an existing connection). You should also still attempt to print rather than handwrite forms, as the PMR system will continue to try and send a message for up to three and a half days.
- Hardware failure on PC.
- Software failure on PC.

Every request to use the manual process will be dealt with on a case-to-case basis and there may be times when one of the above may not qualify for manual processing. In each of the qualifying circumstances you should try and keep the manual processing requests to a minimum and only use the manual forms when absolutely necessary.

Authorisation

Q. Before using the manual process for administering MAS, do I have to get authorisation first?

A. Yes, you have to get authorisation from the ePharmacy helpdesk.

- You must contact the ePharmacy helpdesk to inform them of the need to use the manual process for either registering or consulting for MAS.
- You must inform the ePharmacy helpdesk of the expected timescale for the use of the manual process.
- You must keep the ePharmacy helpdesk informed of any expected changes to the timescale for using the manual process.

There may be circumstances where you will not qualify for manual processing in an emergency, for instance, if your system has not been maintained or appropriately upgraded.

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Oxygen still restricted as supply deadline looms

Practice Seriously ill patient tells local newspaper of incomplete deliveries

Oxygen supplier Air Products has apologised after a series of incomplete deliveries left a patient who was in need of a lung transplant short of vital supplies.

David Staines, from Swindon, suffers from a debilitating hereditary disorder that means he is reliant on oxygen for most of the day.

Since the transition period began in February, some weekly deliveries have been restricted to two or three canisters rather than the necessary eight, he told the Swindon Advertiser.

A spokesman for Air Products said: "We apologise to Mr Staines for any delays, or incomplete deliveries, he experienced in receiving cylinders previously." Following consultation with an Air Products' nurse, Mr Staines will now be supplied with liquid oxygen, which was not available on the NHS.

The supplier claims it has received positive feedback from some of the 40,000 patients it serves in England and Wales. However, Mr Staines' case provides an example of concerns that some providers are not adequately prepared for the switch on July 31.

Sue Sharpe, chief executive of PSNC, reiterated her doubts over the shift to regional supply, saying: "Until such time as the new system proves itself, there are still concerns for patient safety."

The FP10 oxygen supply route remains in place and pharmacists who make supplies will continue to be paid.

PSNC is also "moving forward" with discussions with the Department of Health over a compensation package for contractors following the loss of the oxygen supply service. **TH**

The suppliers

Air Products: "We are doing our utmost to minimise any inconvenience to our patients and remain committed to ensuring that patients receive the best possible service."

Steve Martin, healthcare business manager, Linde Homecare: "Transition arrangements for patients in the North East continue to be managed between Linde Homecare, the PCTs, SHA and the DH, and will continue until all oxygen patients have been properly transferred under the new service."

Paul Page, BOC: "BOC will retain some distribution capability after July 31 in order to continue to collect cylinders from pharmacies. Also our infrastructure is such that we will often have the capacity to respond in cases of extreme need or emergency."

Wildlife workers were called to Alliance Pharmacy in Wartling Road, Eastbourne, after a passer-by spotted a four-week-old fox cub trapped inside. Pharmacy dispenser Jo Strevens responded to local radio appeals for a keyholder, enabling it to be captured. The animal was placed in a large plastic crate (inset) with a lid that could be taken off by an adult fox. "It took the cub's mother three hours to remove the lid, but it was eventually reunited with its youngster," said local Wildlife Rescue & Ambulance Service coordinator Trevor Weeks. "This is one lucky fox cub."

Pay deal secures student progression

Education MPharm graduates' marks are released

Pharmacy graduates caught in the crossfire of the lecturer strike will not be denied access to pre-registration training after union members agreed a pay deal last week (C+D, July 15).

Lecturers in the University and College Union (UCU), which had previously withheld the exam marks of 23 per cent of MPharm students, extinguished the threat of industrial action by voting in favour of the offer.

Graham Phillips, chairman of the Royal Pharmaceutical Society's education committee, said: "This must be seen as good news and I hope it can bring to an end the uncertainty in the minds of the affected students and some stability for my academic pharmacy colleagues."

The affected graduates risked removal from pre-registration training if their results were not in by the November cut-off date (C+D, June 3).

Concerns over abuse of 100 hour rule

Retailing Patients worried about rural impact

Patients, PCTs and contractors are worried that the exemptions to the control of entry regulations are being abused, but believe it is too soon to change the regulations.

Delegates at the recent Leeds and Preston listening events on the control of entry reforms reported that patients, as well as PCTs and pharmacists, were becoming concerned at potential abuses of the exemption criteria, particularly 100-hour pharmacies.

Janet Ward, Leeds LPC secretary, said patients were worried that too many new pharmacies in supermarkets or health centres would impact on the rural pharmacy network. Ian Facer, acting chairman central Lancashire LPC, added that patients and PCTs were becoming frustrated by the exemptions: "PCTs want more power to control what's happening and to be able to commission the services that they want to."

Ms Ward said: "It is too early to say what impact the changes will make; neither has pharmacy been given a chance to show what it can do with the new services."

The listening sessions are designed to allow delegates to share thoughts on the new control of entry regulations. Mr Facer added: "From that point of view it was positive – but only if it is listened to."

Abbott back in ABPI fold

Industry Drug firm will be reviewed in six months

Abbott Laboratories has been placed on probation by the Association of British Pharmaceutical Industry after being reinstated as a member.

Abbott, suspended for six months after a 2004 hospitality scandal, was allowed to return on July 1 after an audit in May. A further review will take place within six months to ensure the company complies with the association's code of practice.

A spokesman from Abbott said: "Abbott UK increased the frequency of its communication to employees regarding their obligations to abide b the Code, and has trained all sales and marketing personnel on the new code which came into effect in January 2006."

Pfizer
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Buclizine. Paracetamol. Codeine.
Migraleve Product Information: Presentation: Migraleve Pink: Tablet containing buclizine 6.25mg, paracetamol 500mg, codeine 8mg. Migraleve Yellow: Tablet containing paracetamol 520mg, codeine 8mg. Uses: Treatment of migraine attacks and related symptoms. Dosage: Adults: Two Migraleve Pink tablets immediately a migraine attack has started or is imminent followed by two Migraleve Yellow tablets every four hours if symptoms persist. Maximum 8 tablets (2 pink and 6 yellow) in 24 hours. Children 10-14 years: One Migraleve Pink initially. If required 1 Migraleve Yellow every 4 hours if symptoms persist. Maximum 4 tablets (1 pink and 3 yellow) in 24 hours. Children under 10 years: Consult your doctor. Contraindications: Hypersensitivity. Precautions: Use with caution in patients with severe renal disease or liver dysfunction. Migraine must be medically diagnosed. Consult doctor if using other prescribed medicines. May causes drowsiness. Avoid alcoholic drink. Pregnancy and lactation: Consult doctor before use. Side effects: Rarely allergic reactions
Healthcare, Surrey
Date of preparation: November 2005

Pharmacy Champions

Pharmacists leading the way

Name
Lorraine Moore

Pharmacy
Rowlands Pharmacy, Pallion Health Centre, Sunderland

What has she done?
Runs a warfarin clinic

What have you set up?
The clinic was started in 1998 by Neil Frankland with funding from Sunderland PCT for 50 patients. It is one of four outreach clinics in Sunderland and is held in the dispensary office on a Friday morning. I took over after 18 months when Neil took a hospital post.

I was initially trained at Sunderland Royal Hospital and further training has been at Birmingham University.

The contract for the service is renewed on an annual basis. We have funding for 137 patients, aged 33 to 87, with conditions from atrial fibrillation, deep vein thrombosis, mitral valve disease and valve replacements to transient ischaemic attack. We also have one systemic lupus erythematosus patient.

Patients are seen every eight to 10 weeks, more if needed. It's nicer for the patient and improves my job satisfaction. The patients see me as a clinician rather than as a retailer.

Between 20 and 30 patients attend each clinic, which involves having a finger prick blood test using a Coagucheck meter. The result and dose are recorded in the patient's yellow book. Some patients are required by their GP to produce this book to obtain a different strength of warfarin if their dose is altered.

I have qualified as a supplementary prescriber and am awaiting delivery of my prescription pad to ease supply of warfarin to patients.

International normalised results (INR), doses and any medication changes are also recorded in paper form in the office. Computer decision software is used to record results and doses but not for setting doses.

Were there difficulties?
Some GPs have not been aware their patients have switched to the clinic and have confused them with a different dosing regimen. This is easily resolved by phone and can be avoided by writing to the GP explaining the service when patients are referred.

How have the locals reacted?
A patient satisfaction survey was carried out with a very positive response. Patients like the fact that they only spend five to 10 minutes in the clinic, are seen promptly and see the same pharmacist each time. When they're initially referred from the hospital they're apprehensive about whether they'll receive the same level of care. However, they're quickly reassured and this helps to raise the profile of our profession.

I also learn something each time I hold a clinic. Real learning only comes with experience and your confidence and competence grow.

Nominate your Pharmacy Champion: 01732 377688 or chemdrug@cmpmedica.com

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Comment from the editor

Is the Foster review a case of the pot calling the kettle?

At a time when the government thinks that it has done no wrong if no law is broken, it is interesting to see how it wants health professions to conduct themselves.

Last Friday's publication of two reports looking at the performance of doctors and the regulation of non-medical healthcare professionals has been long anticipated.

It is the latter, the so-called 'Foster review', that has long worried some pharmacists who have been predicting it would be the death knell for the Royal Pharmaceutical Society. The report certainly sets out a radical change in the way the pharmaceutical societies of Great Britain and Northern Ireland will operate in future.

Of more relevance to everyday practice is quite what the proposals mean, particularly among those pharmacists who are still struggling to get to grips with continuing professional development. Yes, mandatory CPD – or revalidation by its other name – really is coming, but not necessarily in a way that will be fair to all as there will be three ways in which a health professional can be revalidated. In addition to the main regulatory body, certain accredited employers – presumably the larger businesses – will be able to revalidate their employees. (What a wheeze for recruiting pharmacists by having the 'easiest' revalidation processes.)

Worrying, too, is the notion that "self-employed staff providing services commissioned by NHS primary care organisations" could revalidate. Does this mean that practice-based commissioning GPs will revalidate the pharmacists they have contracted to perform certain NHS functions?

Another strangely arrived at conclusion is that professionals should be appointed rather than be elected to their professional body's council. Apparently: "The public perceives regulators as dominated by members of the profession they regulate, and the fact of election plus the possibility of partiality strengthens this unhelpful perception". Perhaps by emphasising the facts – how often has the handling of a case brought against a pharmacist been successfully appealed? – the perceptions may be addressed better than by more legislation.

The problem with appointments is that they can be political and may be at odds with the general views of the wider membership. A system of appointees would inevitably block the young mavericks with a different vision to their staid apparatchik Council wannabe colleagues who have conformed so as to not upset the appointment panel. Would the young Mr Dajani have reached Council all those years ago had he not had the support of those who identified with his crusade against the practices of Boots in Wiltshire? Might a large multiple always manage to insist that it had a representative on the Council for it to be truly representative, as happens with PSNC?

But as to whether a Council appointee system works, how many of the new lay members of the RPSGB can the average pharmacist name? At least the pharmacists who seem not to have been performing in accordance with the wishes of the larger membership face the ballot box. And what impact will Foster have on the Section 60 Order on pharmacy regulation, which is winging its way through Westminster?

It does seem, though, that the government has its sights set on the Society becoming a regulator. Those who sided with Save Our Society in the Charter battle may feel glad that a motion at the special general meeting addressed what should be done with the assets of the Society should such government intervention ever become reality.

Occasionally, however, what the Foster review says makes sense. "Structural change can be a distraction from other reforms which call for cultural change," is something that should be borne in mind when the government finally acts on the proposals. It also calls for some simplification of the regulations drawn up for nine regulators all having their own fitness to practise systems – otherwise the "cottage industry" for lawyers will continue unabated.

> Perhaps by emphasising the facts the perceptions may be addressed better than by more legislation

And its plans for the eventual merger of the RPSGB and PSNI seem the best way of securing suitable continuance of pharmacy leadership in Northern Ireland. The RPSGB is implementing national boards across Great Britain; PSNI, which has a relatively small membership and has always had to struggle with a low income, should fit into that model easily and could thrive.

It may seem a trivial point now, but what would a newly formed pharmaceutical society for the UK be called? The Royal in RPSGB may upset those not inclined to favour the monarchy, but PSUK just doesn't have the right air about it.

The real question, though, is on which side of the divide will the combined societies find themselves? With several SOS pharmacists on the RPSGB Council we may yet see some manoeuvring to safeguard the Society's assets and for it to revert to its original function, to represent its members and promote pharmacy.

If the government wants a single pharmacy regulator, it should pick up the expense and let the membership have what, in the minds of most, is collectively theirs.

MPs flag up a prescription for change

The view that NHS patient charges are unfair has been apparent for some time. The prescription levy was introduced fairly early on in Bevan's NHS as the success of the free health service was driving demand, rather than reducing overall illness.

Pharmacists have for many years had to face the public and explain that the shilling or 20p or £6.65 that is collected does not end up in the pharmacist's pocket but actually goes back to the Treasury. And having acted as a tax collector, pharmacists also have to explain the complexities of the levy system – why one packet with two differently coloured tablets attracts a double fee (but not if the tablets contain the same drug but in different strengths), whereas several boxes of the same tablet don't. And as for trying to explain why someone who is critically ill with one chronic disease doesn't get free medicines, whereas their neighbour, with an equally chronic but far less disabling disease due to the advances in modern medicine, does, is a bit of a mystery.

MPs have been right to draw attention to the sham that the prescription charge system has become. The Welsh Assembly has had the gumption to do something about it, so why can't Westminster? But rather than just tackling the levy system, there is, as the Foster review suggests elsewhere, a need to ensure that there is a change in culture, and not just in the system.

The debate about what the public should be paying for their healthcare, both as part of the NHS and what they do privately – from self-medicating to the food they buy and the exercise they take – needs to take place.

Having a free or fixed levy system shields the public from the actual costs. While knowing the cost of everything and the value of nothing is a truism, think of the consequences of not knowing the cost of anything.

Xrayser

Xrayser CD

Weak arguments prove nothing

Homoeopathy is an even softer target than community pharmacy for journalists wanting an easy health scare story. Walk into a variety of high street practices, ask some leading questions on a particularly grey area and your worrying story can match whatever headline has already been written.

Last Wednesday's Newsnight investigation into homoeopathic advice on malaria was cheaply put together and unhelpful journalism unworthy of the BBC. Its premise was that homoeopathic remedies should not be used for malaria prophylaxis because they are not proven to be effective. So the reporter walks into a selection of homoeopathic pharmacies and asks for remedies to protect against malaria. What did he expect to get – a packet of Lariam and a mosquito net?

I would have thought that anyone walking into a homoeopathic practice has already chosen the alternative route so it's too late to convert them. If these people didn't take homoeopathic remedies they would probably take nothing at all. Even the most hardened homoeopathy sceptic must accept that even taking a placebo regularly is better than taking nothing (C+D July 15, p24). These journalists are the same ones who write the scare stories about drug side effects – they simply create confusion and perpetrate bad health.

I don't advise patients on homoeopathy because I'm not qualified, but if a patient asks for a herbal cough mixture I don't try and convince them to purchase pholcodine instead. The patient has already made their choice.

Unfortunately, the journalist's weak argument was helped by hugely differing advice from each pharmacy and the fact that the Society of Homeopaths' spokesperson was apparently unsure of her point of view. This scenario could equally apply to a future Which? report on pharmacy.

An interesting contrast is the reaction to the finding that doctors are prescribing over the internet for patients they've never met (C+D July 15, p8). I haven't heard anyone panicking about this one, rather we have the BMA calling on pharmacists to police their own members. If the Society of Homeopaths did this its members would be derided still further.

CD

Xrayser CD

Cost saving? Yes please

The IPMI seemed to have gone relatively quiet recently, but I'm glad it's responded to the Section 60 consultation (C+D July 15, p8). I'm all in favour of anything that might save me some money, even if it's money I haven't spent yet.

If the Society's professional and regulatory roles were separated I don't see how costs could fail to increase. Experience from New Zealand shows that when its professional body lost its regulatory role, the only difference that pharmacists noticed was that they had to pay fees to two separate organisations simply to remain on the register.

I imagine our registration fees will continue to rise ever skyward as healthcare goes bureaucracy mad, whatever else happens. But I can do without being forced to pay twice for something that gives me little benefit. All that will happen is there will be more paperwork for everyone, and that's the last thing we need at the moment.

There really was nothing wrong with our professional regulation, so simply tinkering for the sake of it is only going to introduce problems.

I'm glad the IMPI has spoken out on this matter, but I do miss its annual workforce survey – whatever happened to that?

Black Bag

Hot topics for a summer day

The heat wave has brought out all manner of objects normally hidden. Tattoos seem more common than ever. Once discreet blue budgies slip in and out of view on female shoulders, hips and bosoms. Abdominal male versions expand to Condor-like proportions, giving some indication of Y chromosome extinction rates.

I once treated a man in A&E who'd taken a sanding machine to his upper arm. His overlying biceps epidermis extolled his undying love for a Mary-Jane, only to be jilted at the altar of marriage. A new found love, Mary, offered a cost saving exercise in perpetual marital bliss but unfortunately the sandpaper that he'd used last saw service bringing up the paintwork on his Austin Allegro. He developed a nasty celluitis right over his former beloved half named Jane. This is the only known sexually transmitted infection via Black & Decker. Somewhere there is a 'no win no fee' solicitor frantically looking up 'Mary-Jane' on Google.

Heat also brings out the worst in people. It is very hot in

Having doctors involved in torture is the very antithesis of oath

Guantanamo at present. This is not made any better by the involvement of doctors in 'interrogation procedures'

The American Medical Association has refused to take action against these doctors and the world Medical Association Council has yet to discuss the issue despite a rehash of their declaration on doctors and torture

Just because something is hot doesn't mean it cannot be touched Having doctors involved in torture is the very antithesis of oath Silence from the British government is not exactly helpful either. Burnt fingers are always better than cauterised eth[illegible] further motion from the B[illegible] annual conference in Be[illegible] this very clear. There are [illegible] things you cannot remo[illegible] with a rotary action po[illegible]

Dr Ian Banks is a GP practising in Northern Ireland


gsk
GlaxoSmithKline
Consumer Healthcare
home sweet home
Solpadeine, the no.1 pharmacy pain relief brand[1], belongs in pharmacy.
Solpadeine®
Dedicated to pharmacy
Reference: 1. AC Nielsen NITRO Total Coverage G3 value sales MAT to w/e 22.04.06

C+D Clinical

Which HRT?

This case study describes a woman concerned about occasional bleeding when taking HRT

Mary Allen

Wendy Sutton, who is in her mid-50s, visits the pharmacy for "a quiet word". She tells you that she has been taking a 'bleed-free' hormone replacement therapy (HRT) tablet for a few months for hot flushes, but is worried about occasional bleeding. She also wonders why her menopausal friend has been prescribed different treatment.

The hormones

Only about 25 per cent of women have few distressing menopausal symptoms. For the other 75 per cent, HRT provides an option. The different types of products make it possible to tailor treatment to individual patients.

Lower levels of natural oestrogen occurring around the menopause are responsible for symptoms like hot flushes, vaginal dryness or mood changes. HRT oestrogen can relieve these symptoms, but if unopposed it increases the risk of endometrial hyperplasia and cancer. The addition of a progestogen reduces – but does not eliminate – this risk in non-hysterectomised women. Taking a progestogen reduces this risk by protecting the womb.

So, unless they have had a hysterectomy, women who wish to take HRT are prescribed combined HRT. Some women may be prescribed the two hormones oestrogen and a progestogen as separate products, but both usually come in one pack. For hysterectomised women with no uterine lining to protect, oestrogen alone is appropriate.

Both the oestrogen and progestogen components of HRT vary between products and are available in different strengths, allowing treatment to be tailored to need. There is also a choice of oral administration (suitable for most women), transdermal administration (patches or gels) that bypasses first-pass metabolism in the liver, and vaginal products, which usually (but not always) act locally for local symptoms.

Oestrogens Oestrogens used are usually those occurring naturally: estradiol, estrone, and estriol. Estradiol is the strongest, and the one most frequently used in HRT. Doses of oestrogen are always small, but vary within and between different products.

Progestogens Naturally occurring progesterone is poorly absorbed by the body so synthetic progestogens are used in HRT. There are several types:

- Those closely resembling progesterone (dydrogesterone and medroxyprogesterone), available only in tablet form.
- Those similar to testosterone (norethisterone and norgestrel) available as oral tablets – either singly to supplement oestrogen therapy or combined with oestrogens – or in patches. Levonorgestrel is also available as an intrauterine device, licensed for use in HRT.
- Drospirenone, an anti-androgen. Its aldosterone-antagonistic activity may increase sodium and water excretion (so bloating is less likely to be a problematic side effect) and potassium retention.

While the two different progestogen types are similar in their action they differ slightly in their side effect profile. As progestogen side effects are often the reason why women stop using HRT, switching to a different type could make all the difference. Progesterone and its analogues are less androgenic than the testosterone derivatives, so this type for drospirenone) may be better for women bothered by skin reactions. The choice of progestogen is clinically important for certain women, for example dydrogesterone is generally thought to be better for those with diabetes or blood lipid problems. Doses of progestogen used in HRT are very small.

The College of Pharmacy Practice

This course (module 1376) in association with multiple choice questions being published in C+D August 5, provides one hour's continuing education

CPD

This article can be used for the following CPD competencies: G1a, G1e, G1d, C1c. See www.tinyurl.com/194zu

than that in oral contraceptives, and are generally safe for most women.

Product types

Final product choice is determined mainly by individual need, risk and convenience. Forms of HRT include oral tablets, patches, skin gels, implants and a nasal spray. Vaginal applications, usually used only for localised symptoms, are also available.

The right dose of oral oestrogen is usually the lowest that controls symptoms. As well as determining whether supplemental progestogen is needed, severity and type of symptoms should be considered when deciding treatment.

Combination HRT

For women with an intact womb there are two HRT approaches:

• **Cyclical (or sequential) combined HRT**: Suitable for women still having periods but starting to go through the menopause. This involves a daily dose of oestrogen together with progestogen for the second half of each cycle, allowing a monthly bleed (as for a normal period, though often less heavy). Tridestra differs from other cyclical combined HRT in that it is given for three months without a break. Its main benefit is for women who have erratic bleeding. Some women prefer the three monthly bleed cycle, but others find the progestogen side effects, which resemble premenstrual syndrome, hard to tolerate in the couple of weeks before the course finishes. (Its medroxyprogesterone dose of 20mg daily for the last 14 days is higher than the progestogen in some monthly sequential products.)

• **Continuous combined HRT**: Provides a small dose of oestrogen and progestogen every day and is prescribed for post-menopausal women who have not had a period for at least 12 months. This type of HRT produces no monthly bleed, although in women not yet fully past the menopause it may sometimes cause breakthrough bleeding, which can take up to six months to disappear. A small minority of women may continue to have some spotting and may need to consider using a sequential combined treatment instead.

Tibolone: A synthetic steroid derivative of norethisterone, Tibolone combines both oestrogen and progestogen activity, and is taken continuously. It is a 'no bleed' form of HRT so is suitable only for post-menopausal women, and is useful for treating low mood and loss of libido.

From cyclical to combined HRT

Because women continue to have monthly bleeds while taking cyclical combined HRT, they cannot tell if they have been naturally bleed free for 12 months. However, by around 54 years of age most women no longer have natural periods, so women on cyclical HRT can, at this stage, switch to continuous HRT. Women should start the new therapy at the end of a bleed when the womb lining is at its thinnest to reduce the risk of further bleeding.

Current advice for women considering switching is that HRT should be used only for the shortest time to manage symptoms, to avoid the increased risk of breast cancer and stroke (see BNF for information on these risks).

Systemic HRT preparations

Combined HRT (tablets unless shown)

Sequential (monthly bleed)
Estradiol/dydrogesterone
Femapak (oestrogen patch)
Femoston
Estradiol/levonorgestrel
Cyclo-Progynova
FemSeven Sequi (patches)
FemTab Sequi
Nuvelle
Estradiol/medroxyprogesterone
Tridestra (quarterly bleed)
Estradiol/norethisterone
Climagest
Elleste Duet
Estracombi (patches)
Evorel Pak (oestrogen patch)
Evorel Sequi (patches)
Novofem
Trisequens
Conjugated oestrogens/ medroxyprogesterone
Premique Cycle
Conjugated oestrogens/norgestrel
Prempak-C

Continuous
Estradiol/drospirenone
Angeliq
Estradiol/dydrogesterone
Femoston Conti
Estradiol/levonorgestrel
FemSeven Conti
Estradiol/medroxyprogesterone
Indivina
Estradiol/norethisterone
Climesse
Elleste Duet Conti
Evorel Conti (patches)
Kliofem
Kliovance
Nuvelle Continuous
Conjugated oestrogen/ medroxyprogesterone
Premique/Premique Low Dose
Tibolone
Livial

Oestrogen-only

Estradiol
Gel
Oestrogel, Sandrena
Implants
Estradiol implants
Patches
Elleste Solo MX, Estraderm MX and TTS, Estradot, Evorel, Fematrix, FemSeven, Progynova TS
Spray
Aerodiol
Tablets
Climaval, Elleste Solo, FemTab, Progynova, Zumenon
Vaginal ring
Menoring
Estradiol/estriol/estrone
Hormonin
Estriol
Ovestin
Estropipate
Harmogen
Conjugated oestrogen
Premarin

Progestogens

Dydrogesterone
Duphaston HRT
Levonorgestrel
Mirena (intra-uterine)
Medroxyprogesterone
Provera
Norethisterone
Micronor HRT

Oestrogen-only HRT

The most frequently prescribed oestrogen-only products contain:

• Conjugated oestrogens obtained from the urine of pregnant horses. This is the oldest type of oestrogen used in HRT. The mixed oestrogens occuring naturally in mares' urine are thought to work in a similar way to oestrogens produced from human ovaries. These products are widely prescribed.

• Estradiol – also widely prescribed.

Other products include those containing:

• Estradiol, estriol and estrone in combination.

• Estriol.

• Estropipate (a semi-synthetic conjugate of estrone with piperazine).

Patches

Like oral tablets, patches provide oestrogen-only or combination therapy, and are available as cyclical or continuous products.

There are two types of patch base. Reservoir patches hold the hormone in liquid form within a reservoir area of the patch. Although these suit many women, some find they irritate the skin, don't stick well or are uncomfortable. Matrix patches are thinner, with oestrogen gradually absorbed via a single membrane, and may suit women who encounter problems with reservoir patches.

Patches should be applied to clean, dry,

unbroken areas of skin on the trunk below the waist. They should not be used on or near the breasts or under the waistband, and should be replaced every three or four days with a fresh patch on a different site to reduce the potential for skin soreness. FemSeven patches work for seven days, so need replacing only once a week.

Patches can be worn while bathing, but if a patch falls off, the skin should always be allowed to cool before a new one is applied.

Oestrogen skin gels

Estradiol gel provides an alternative to transdermal patches. A prescribed amount is applied over a defined area of skin (daily for Oestrogel, on alternate days for Sandrena), and can be supplemented with progestogen tablets. The gel should be applied to clean, dry, intact skin on areas such as shoulders or inner thighs (see product instructions) and allowed to dry for five minutes before covering with clothing. Areas near the breasts or vulva should be avoided. Other skin products or skin washing should be avoided for at least an hour after application. It is important to avoid skin contact with another person, particularly male, for an hour after application, otherwise they may also absorb it.

Implants

Estradiol implants are small pellets inserted just under the skin under local anaesthetic. Implants release oestrogen slowly – usually over six months – but this can vary between individuals. Cyclical progestogen is taken where relevant. Implants are inexpensive and avoid compliance problems, but their effects are not easily reversible once in place, and there can be problems with side effects if hormone levels are too high.

Oestrogen nasal spray

Aerodiol delivers daily doses of estradiol nasally and should be used at the same time each day with cyclical progestogen supplements where relevant. It can sometimes cause nasal irritation. If suffering with a severely blocked nose, the spray can be used temporarily in the mouth between the cheek and gum above the upper teeth, but the dose should be doubled.

HRT and contraception

Oestrogen-only HRT tablets may be taken singly or with cyclical progestogen tablets for womb protection where relevant.

HRT does not provide contraception. Women remain potentially fertile for two years after their last period, or for one year if over 50 years of age. Women under 50 without medical risk factors can take certain low dose oral contraceptive tablets for both relief of menopausal symptoms and contraceptive purposes, or can use HRT with non-hormonal contraceptives such as condoms.

What about Wendy's questions?

You could explain that, as the range of systemic HRT products is vast, Wendy's and her friend's prescribed treatments are likely to reflect different factors in the two women.

With Wendy's combined continuous HRT, her bleeding may take up to six months to settle. As long as the bleeding is light, she should be reassured and encouraged to persevere. If the problem persists she may want to discuss an alternative product with her doctor. Investigations are not usually necessary unless the bleeding is heavy, continues beyond six months or recurs after a spell of no bleeding. Although unlikely, you may also wish to check the correct product was supplied, and not a cyclical form of HRT.

Mary Allen, FRPharmS, is a part-time community pharmacist and hospice pharmacist in Hertfordshire.

Continuing professional development

Reflect

What action would you recommend if a woman suffered occasional bleeding when taking continuous combined HRT? Do you know the advantages and disadvantages of the different HRT products?

Plan

If you read this article and carry out the suggested actions you will know what factors need taking into account when considering HRT, the different types of HRT available, their advantages and disadvantages, and what to consider when switching from cyclical to continuous HRT.

Act

- Read the British National Formulary section (6.4.1.1) on HRT, taking particular note of the information on side effects.
- Many women taking HRT ask how long they can continue with it. Find out the answers and the underpinning reasons. Record in your practice workbook each prescription for HRT and how long the patient has been taking it. Have any women taken it for more than five or 10 years? Should you comment on this? Also note if their medication has been changed. Can you find out why?
- One of the most prescribed combined HRT products (Prempak-C) has been unavailable for some time. Have you suggested how the prescriber can deal with this problem? And did the prescriber agree?
- Try to find out whether many women (with intact uterus) would prefer a three monthly bleed. Have you thought about suggesting this? Are there alternative ways of women having two or three monthly bleeds using the combined HRT products?

Evaluate

Without reference to any books etc, draw a graph of the variation of cyclical female hormones with time, in women who have not yet reached the menopause. Indicate the effect of each hormone and show how this fits in with HRT preparations.
Do you now feel confident enough to discuss the various alternative HRT preparations with a woman who asks for advice as she is getting close to the menopause?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the August 5 issue, which will cover this week's CPP-accredited module, together with those in the July 8 and 15 issues.
These will cover:
Rituximab in rheumatoid arthritis (1374)
Cervical cancer (1375)
HRT case study (1376)
A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wishing to register for Pharmacy Update can contact Pauline Sanderson on 01732 377230.

Chemist + Druggist
in association with
Genus Pharmaceuticals

C+D

GENUS PHARMACEUTICALS

In brief

Detrunorm XL

Detrunorm XL 30mg capsules (propiverine hydrochloride) have been launched by Amdipharm. The modified release product is licensed for the treatment of urinary incontinence, and urgency and frequency in overactive bladder patients. The recommended dose is one capsule a day.
Pack size, pip code and price: 28 capsules, 321-3774, £24.45
Amdipharm Plc, tel: 0870 777 7675

Arimidex

Arimidex (anastrazole) may now be used as adjuvant breast cancer treatment for hormone receptor positive post-menopausal women who have received two to three years of tamoxifen. The licence extension follows a phase III trial of 2,579 such women, which showed that anastrazole after two years' tamoxifen therapy was statistically superior in terms of disease-free survival than continuing on tamoxifen. Call AstraZeneca UK Ltd on 01582 836000 for more information.

Broader Betaferon use

Betaferon (interferon beta-1a) has been approved for use in patients who have a single demyelinating event with an active inflammatory process that warrants intravenous corticosteroid treatment, and who are considered to be at high risk of developing clinically definite multiple sclerosis. Telephone Schering Health Care Ltd on 01444 232323 for more details.

Abilify

The schizophrenia product Abilify (aripiprazole) is now available as an oral solution and dispersible tablets.
Pack size, pip code and price information: 1mg/ml oral solution 150ml 322-4722 £108.89. 10mg dispersible tablets 28s 322-4706 £101.63, 15mg dispersible tablets 28s 322-4714 £101.63
Bristol-Myers Squibb Pharmaceuticals Ltd
Tel: 01895 523000

Clenil Modulite

Clenil Modulite is a new range of beclometasone CFC Free inhalers from Trinity-Chiesi, available in 50mcg, 100mcg, 200mcg and 250mcg strengths.
Pack size, pip code and price information: 50mcg 277-1376 £3.85, 100mcg 277-1400 £7.72, 200mcg 277-1392 £16.83, 250mcg 277-1384 £16.95
Trinity-Chiesi Pharmaceuticals Ltd
Tel: 0161 488 5555

RA patients will benefit from approval of MabThera

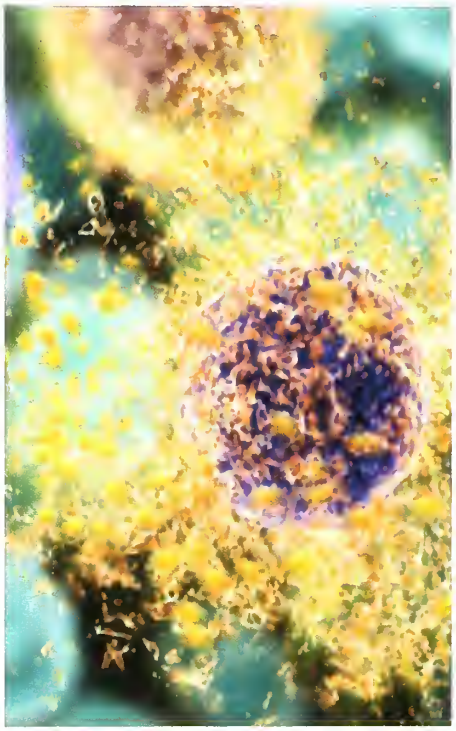
MabThera (rituximab) has been approved for use in rheumatoid arthritis (RA).

The selective B cell therapy – the first to be licensed for this condition – may be used in combination with methotrexate for adult RA sufferers who have experienced an inadequate response to, or are intolerant of, current treatment options, including one or more tumour necrosis factor inhibitors.

More information on rituximab's action on B cells, a key driver in the RA disease process, and the trial data supporting this licence extension, is available at www.dotpharmacy.com/up1374.pdf.

The Roche product is already licensed for the treatment of advanced follicular lymphoma and non-Hodgkin's lymphoma. A company spokesman said the National Institute for Health & Clinical Excellence would consider this latest indication for MabThera early next year.

For more information:
Roche Products Ltd
Tel: 0800 731 5711



MabThera acting on the B cell

Juvela gets fresh

Fresh gluten-free bread is the latest development in the Juvela range for patients with coeliac disease and dermatitis herpetiformis.

According to the manufacturer, the bread can be eaten straight from the bag without refreshing, and retains the qualities of fresh bread even after freezing.

Available in cases of eight loaves, the product can be obtained by phoning the Juvela order line on 0870 850 5948 and quoting the pip code 322-0217. Pharmacists will be reimbursed for NHS prescriptions issued in England, Wales or Scotland.

For more information:
SHS International Ltd
Tel: 0151 228 8161

In brief

Kaletra tablets

Abbott Laboratories has introduced a tablet formulation of Kaletra. Containing lopinavir 200mg and ritonavir 50mg, the product is indicated for the treatment of HIV-1 infected patients above the age of two years, in combination with other antiretrovirals.

Standard dosing is two tablets twice daily with or without food. The manufacturer has warned of the potential for confusion when switching patients from Kaletra capsules to tablets, including a difference in dose and storage conditions – the tablets do not require refrigeration before or after dispensing.
Pack size, pip code and price: 120 tablets, 323-4135, £307.39
Abbott Laboratories Ltd
Tel: 01628 773355

Nivaquine tablets

Nivaquine tablets (chloroquine sulphate) have been discontinued, Beacon Pharmaceuticals has announced. Nivaquine syrup and injection remain available from Sanofi Aventis. For more information, telephone Beacon on 01892 600930.

A Practical Approach...

Bethany Straker

Salma Hussain, Update Pharmacy's pre-registration trainee, shows pharmacist David Spencer a prescription she has just taken in."Mr Spencer, can you help me with this please? It's for something called Sativex but I can't find anything by that name in the BNF or the C+D Price List."

"Hmm, the name is familiar," replies David. "I know I've read something about it, but I can't recall the details at the moment. Why don't you ask the patient? She may be able to tell you what it is, or at least what it's for."

Salma comes back into the dispensary a couple of minutes later. "Mrs Murphy said that her consultant is trying her on it and asked her GP to prescribe it. She's told me what it's for, but that doesn't really get us much further, so I thought I'd ring the NPA."

A few minutes later, Salma returns to David looking perplexed. "Apparently Sativex is a CD Schedule 1. Doesn't that mean we can't get hold of it, let alone dispense it?" she says.

"Did they say anything else?" David asks.

"No, I didn't ask."

"I think I'd better get back on to them," says David.

Questions

1. What is Sativex and what is it for?
2. Salma was right that Sativex is CD Schedule 1, but it can be supplied on prescription. What prescription writing, storage and record keeping conditions apply?
3. How, and under what conditions, can Sativex be obtained?

CPD This article can help in the following CPD competencies: G1h, G1c, G1e, C6a. See www.tinyurl.com/194zu

A practical approach... last week's answers

1. In theory, David could sell the promethazine elixir for an 18-month-old child. But he would be supplying outside the licence so would have to accept personal responsibility for his decision and the consequences if anything went wrong.
2. Under the terms of his NHS contract he is required to dispense any prescription presented. In this situation, if he refused the customer could file a complaint about him to the PCT.
3. Promethazine elixir is not licensed for children under two years, even on prescription, and the British National Formulary for Children states that the use of antihistamines as hypnotics in children is not usually justified. To protect himself, David should contact the prescriber pointing this out. Assuming the doctor confirmed his prescribing decision, David should document his conversation (and get it witnessed if possible) in case of any repercussions. 'Critical incidents' or 'interventions' should be recorded anyway as part of clinical governance.

BI launches first solid dose stool softener for sale

DulcoEase has been launched by Boehringer Ingelheim, creating a new subcategory in the bowel health sector. Said to be the first stool softener for self-medication, in solid dosage form the soft gel capsules contain 100mg docusate sodium to hydrate the stools and make bowel movements more comfortable.

Taken one to five times a day, adjusted as required after an initial suggested dose of three capsules in a day, users experience softer stools within a couple of days, says the company. DulcoEase can help prevent further problems associated with hard, dry stools such as haemorrhoids and anal fissures, adds BI.

In an attempt to remove the stigma associated with bowel treatments, plain speaking is used on-pack. Women aged 30-55 years old are the key target audience for the product. It is not recommended for children under 12 and should not be used with a mineral oil laxative.

An estimated six million people in the UK experience strain, pain or hard, dry stools with half suffering at least once a week (source: TNS Online bus, June 2004). Less than half do anything to ease symptoms as they feel they have had no access to an appropriate treatment, says BI.

Available in pharmacies now, the GSL product will enter supermarkets in September. A £2.5 million consumer marketing campaign will begin in the autumn.

Product info:
PowerMed Healthcare
Tel: 0845 2220555
www.dulcoease.co.uk

Price: £4.99/30
Pip code: 320-7925

Products in brief

Zoom in on the eyes

L'Oréal Paris is adding a new mascara, Telescopic, to its portfolio next month. Said to lengthen lashes by up to 60 per cent, the product has a flexible applicator and contains pro-vitamin B5.
Price: £8.99
L'Oréal Paris
Tel: 0161 655 1400

IBS information

A new edition of 'Understanding irritable bowel syndrome' in the Family Doctor series includes sections on symptoms, diagnosis, causes and treatment of IBS.
Price: £4.75
Pip code: 323 0133
Family Doctor Publications
Tel: 01202 668330

Fiery TV turn

A £1.2 million budget is funding TV advertising for WellPatch Deep Heat Patches from August until the end of October. Alongside, press and outdoor advertising will run for the whole Deep Heat range.

The TV ads, running on ITV, GMTV, Sky Multi-channel and RTE, feature a hand massaging a painful spot on the back. A Deep Heat Patch appears over the painful area, its edges traced by an animated glowing line which morphs into the shape of a golfer, a tennis player, a couple dancing and finally the shape of the pack. The tagline reads: "There's no patch like a Deep Heat Patch."

Product info:
PowerMed Healthcare/Prima Brands (Northern Ireland)
Tel: 0845 222 0555/02890 814700

Studio session with L'Oréal

The Studio Line hair styling range from L'Oréal Paris has been given a new look with an extended range of products grouped into four categories.

Updated packaging makes the products easier to handle, says L'Oréal, with graphics and a revised logo evoking the brand's artistic dimension.

Under the Essentials umbrella, Studio Line offers products for shaping the hair including mousses, sculpting spritz and design gel.

For use with heated appliances, the Hot range offers a smoothing cream for straightening hair, a volumising mousse and heat activated curling spray in bright pink packaging.

Invisi'FX products provide invisible hold without stickiness, says L'Oréal. Variants in the sub-range include micro-fine spray, gels and wax. For bringing explosive styles to life, says L'Oréal, the Extreme Looks line-up offers styling gels, wax, paste and putty.

Advertising for Studio Line features backstage locations showing real hairstyles in black and white images together with application tips. A website supports the extended range.

Product info:
L'Oréal Paris
Tel: 0161 655 1400
www.studio-line.com

Price: from £3.69 to £4.29

Healthy new look for Vertese aims to broaden appeal

The Vertese VMS range from Brunel Healthcare is being rebranded to broaden its consumer appeal.

The move comes five years after the launch of Vertese, which was developed without animal ingredients to appeal primarily to vegetarians and ethnic groups and which now claims to be a £3 million brand.

The new look packs will be available from next month. At the same time a new product, Omega Oils Plus, will be introduced.

Supporting the activity, a £300,000 advertorial campaign in consumer titles over the coming months will reach an estimated three million consumers.

Product information:
Brunel Healthcare
Tel: 0117 959 7040

Help for c-section mums

The Theraline Caesarean belt is now available from Gro-group. Said to protect, support and soothe the scar in the weeks after a caesarean section, the belt can be worn under or over clothing.

The belt is supplied with four interchangeable inserts: a plastic shield to guard against bumps; a cold/warm compress to relieve swelling, pain and itching, a pillow insert for added comfort and protection; and a cherry stone pillow to relieve the discomfort of uterus contractions. The latter can also be used to relieve menstrual and back problems or to ease a child's stomach ache, says the manufacturer.

One size is available, adjustable to fit 28-44 inches.

Product info:
Gro-group
Tel: 0870 429 6007
www.gro-group.co.uk

Price: £19.95

...And whilst they quit, they can keep their weight under control

5 out of 10 smokers remained quit at 4 weeks with NiQuitin cq® 4mg Lozenge.[1] NiQuitin cq® 4mg Lozenge can significantly reduce the weight gain associated with the first few months of quitting.[1]

Help your customers quit with NiQuitin

NiQuitin CQ 2mg/4mg Lozenge and Mint Lozenge (nicotine). See SPC for full information. For relief of nicotine withdrawal symptoms during smoking cessation. **Dosage:** Adults: 4mg if smoke within 30 minutes of waking. 2mg if longer. Weeks 1 to 6; 1 lozenge every 1 to 2 hours (min. 9 max. 15/day), weeks 7 to 9; 1 lozenge every 2 to 4 hours, weeks 10 to 12; 1 lozenge every 4 to 8 hours. Weeks 13-24, 1 to 2 lozenges per day only when strongly tempted to smoke. **Contraindications/ Precautions:** Hypersensitivity, cardiovascular disease, urticaria, severe renal/hepatic impairment, phaeochromocytoma, hyperthyroidism, diabetes, phenylketonuria, low sodium diet. Swallowed nicotine may exacerbate oesophagitis, gastric/peptic ulcer. **Side effects:** Depression, irritability, anxiety, insomnia, headache, dizziness, cough, cold. Nausea, hiccup, flatulence, GI disturbance, appetite change, oral irritation/ulceration, nightmares, restlessness, mood change, pharyngitis, thirst, taste/sensory disturbance, dyspnoea, respiratory disorders, rashes, itching, sweating, flushes, vascular disorders, malaise, chest pain, throat swelling, leg oedema, pain, wakefulness, palpitations, tachycardia, tooth/jaw ache, nocturia. See SPC for full details. **Pregnancy/ lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit ratio. GSL PL 00079/0369, 0370, 0373 & 0374. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** 36's £8.99, 72's £17.49. **Date of revision:** December 2005. **Reference:** 1. Shiffman S *et al.* Arch Intern Med 2002; **162:** 1267-1276.

gsk GlaxoSmithKline Consumer Healthcare

Natural solution to teen skincare

Natural products have been used to develop a new skincare range, Young & Pure, for teenagers. The range comprises four products: vitamin E and cocoa butter moisturising lotion, aloe vera and peppermint body and hair wash, broccoli seed and coconut oil conditioner, and sweet orange and mandarin face cleanser. They have not been tested on animals and are acceptable to vegetarians.

Mother of three behind the brand, Lianne Miller, believes the range fills a gap in the market left between natural products for very young children and for women.

Supporting the launch, PR activity in the consumer press is seeking to educate teenagers and their parents about natural skincare. Competitions, reader give-aways and workshops for teens are planned and the brand will be appearing at consumer events.

Product info:
Young & Pure
Tel: 01502 724226
www.youngandpure.co.uk

Prices and pack sizes: £4.99/150ml; £3.50/50ml; travel pack £14.00 (4 x 50ml bottles)

SSL gets off to a head start

The summer holidays have only just begun but SSL is already gearing up for the return to school headlice season. Ads for the company's Full Marks Solution break on August 14 and run until September 17 across the ITV networks, Channel 4, GMTV, Five and Satellite channels, and on the Life channel in doctors' surgeries. During September, the brand will feature on Pharmasite's window and in-store panels.

The 20 second execution features children's hair coming into contact as they play together, allowing lice to spread from one head to another. Parents of four to nine year old children are the target audience.

The activity is part of a £1.5 million spend on Full Marks this year.

Product info:
SSL International
Tel: 0870 122 2689
www.headlice.co.uk

Trojan hands out sound advice

The safe sex message is getting through to young holidaymakers, finds research commissioned by Trojan condoms. Of the more than 2,000 under 25s questioned, over 80 per cent said they would not have unprotected sex on holiday, up from 60 per cent in a similar survey in 2003. More than half said they would pack condoms to take on holiday.

Trojan has teamed up with the Ministry of Sound to give away thousands of condoms in the Safe and Sound campaign. They are available online at the Trojan website, at Ministry of Sound parties in Ibiza, and in UK airports in association with Brook Advisory. Website visitors can win a holiday in Ibiza and Ministry of Sound CDs.

Product info:
Church and Dwight
Tel: 01303 858700
www.trojanpleasure.co.uk

Walk this way with Huggies

Huggies Little Walkers nappy pants have been launched. Featuring Disney characters, the pants are suitable from the age of 10 months through to potty training, says manufacturer Kimberly-Clark.

The nappy pants are said to give toddlers greater freedom of movement and their easy-open sides enable simple removal. Three sizes are available in convenience and economy packs.

A "multi-million pound" campaign is running, spanning TV advertising, direct marketing, POS materials and PR activity.

Price: £5.99 (convenience), £8.98 (economy)

Product info:
Kimberly-Clark
Tel: 01732 594000

Best buys for allergy sufferers

MedicAlert was named 'Best jewellery and clothing range' at the Allergy Awards, sponsored by 'Allergy' magazine. The medical ID jewellery makes health information available to healthcare workers in an emergency.

An award for outstanding contribution to improving the lives of people with allergies and food intolerance was given to the Allergy Show's Jonathan Shaw.

Other winners include the EpiPen Junior auto injector for best children's product and National Allergy Week for best campaign by an allergy charity.

Products in brief

Pharmacy prizes

Autan Tropical's launch promotion has been won by Michelle Mortagh of Bradley's Pharmacy in Drogheda, ROI. Michelle scooped €2,200 worth of holiday vouchers.

Patio heaters were won by five runners up: Sue Jones of Littlemore Pharmacy, Weymouth; Linda Holmes of Moss Alliance Pharmacy, Hamilton; Ann Dawkins of Lloyds Pharmacy, Lordshill, Southampton; Raj Jain of Manor Pharmacy, Burton; and Gary Johnson of Johnsons Pharmacy, Cork, ROI.

Products advertised on TV next week

Aquaban and **Aquaban Herbal:** GMTV, five, Sat
Aquafresh: All areas except U, CTV, GMTV, Sat
Bisodol: C4
Canesten AF: All areas
Daktarin Dual Action: Sat
Elastoplast Spray Plaster: STV, Y, HTV, M, LWT, CAR
Huggies Little Walkers, Dry Nites & Little Swimmers: All areas
Just for Men: All areas
Listerine Advanced Tartar Contol Mouthwash: All areas
OdorEaters: All areas
TCP Spray Plaster: All areas
TENA Lady Mini Magic & TENA pants: All areas
Vagisil: All areas
PharmaSite for next week: Bazuka – Windows, **Bazuka –** In-store,
Allergan Refresh – Dispensary
Pharmacy channel: Eurax, Isovon

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

IT made simple

You're a busy professional. You're probably lucky to get a decent lunch-break, let alone the time to search for the best IT solutions. Yet, you know that the requirements of the Community Pharmacy Contract will have to be met. So why not let UniChem do the hard work for you? We've teamed up with the pharmacy IT experts Cegedim Rx (with an impressive 48% share of the market) and CSY Computer Systems. Their expertise, coupled with our knowledge of your industry, gives you a one-stop shop for all your IT needs. From upgrading and installing new systems to providing support and training; make IT simple, make it UniChem.

PMR made simple: Get ETP/EPS compliant with a seamless upgrade to Nexphase, or a new installation of either Nexphase or Pharmacy Manager. Benefits include intervention recording, repeat prescription management, broadband ordering capability and access to our extensive educational/news database. Of course if you have Mediphase you are still fully compliant.

EPoS made simple: Reduce stock holding and improve profitability with instant access to the latest sales information. Provide fast, efficient customer service with a system that's easy to set up and use.

IT Solutions made simple: Everything you need to make IT work for you, such as a dedicated support and consultancy team, pharmacy website hosting and Broadband N3 connection to the NHS network.

Peter White at Chancellor Court Pharmacy.

Put IT to the test

call 0800 032 2454

UniChem

Helping patients to take control

There are many kinds of bladder and bowel problem that occur in men, women and children of any age, yet people don't have to suffer in silence

Saša Janković

Incontinence causes distress, embarrassment and inconvenience, threatens self-esteem and leads to loss of personal control. For some people, it can be completely debilitating and they become virtual recluses as a result.

Bladder weakness can happen at any time. Sufferers may have stress incontinence (leakage when they cough, sneeze or exercise), urgency (where they have to rush to the toilet), frequency (visiting the toilet more than eight times a day) or they may wet the bed or get up several times in the night to go to the toilet. Some may have stress incontinence and urgency at the same time, known as 'mixed symptoms'. Bowel problems include diarrhoea, constipation and diverticular disease.

In addition, the ability to use the toilet may be affected in people with a learning disability, or conditions such as MS, spinal injury or arthritis. Short-term incontinence is also common, and can occur for many reasons, including infection, constipation, or as a side effect of medication.

A poll by SIFO Research and Consulting suggested that up to six million people in the UK have bladder problems, though not all suffer from urinary incontinence. Another study, by the Medical Research Council in Leicestershire and Rutland, showed that as many as 34 per cent of adults over the age of 40 reported clinically significant symptoms of incontinence, nocturia, urgency or frequency. Significantly, 3.8 per cent said they wanted help with their problems; an average of about 50 for every GP.

This presents an opportunity for the frontline of pharmacy to help sufferers manage their condition through the provision of advice and products, in line with essential services.

The social cost of OAB

More than three quarters of people with overactive bladders (OAB) say that their condition makes it difficult to perform daily activities, yet only 43 per cent would consider consulting a doctor, according to the results of a study by the School of Public Health at the University of North Carolina. This surveyed 11,521 people aged 40 to 64 in France, Germany, Italy, Spain, Sweden and the UK.

"Thirty two per cent of people interviewed said that their condition made them depressed and 28 per cent reported feeling stressed," says lead researcher Debra E Irwin. OAB had a negative impact on people's lives, with 28 per cent uncomfortable doing things away from home, 22 per cent uncomfortable with people they didn't know and 20 per cent uncomfortable with people they did know.

Treatment choices

In a market worth £33 million per year, there are many different incontinence or 'personal care' products and treatments available to help sufferers manage their condition. These include catheters, leg bags, sheaths, pads – from manufacturers such as Tena and Poise – and dry mouth preparations (to counteract one of the side effects of some urinary incontinence medications), anal plugs, skincare creams, powders and wipes, such as the range from Vagisil. Several brands offer product ranges for women and men.

Patients often receive their products directly from the NHS, through their local continence service or GP, or via mail order services offered by manufacturers or distributors. With major brands investing heavily in advertising and new product development, there are significant opportunities for growth of pharmacy sales in this market. Many sufferers will, at one time or another, visit a pharmacy to buy what they need. In addition, a large number of incontinence sufferers are elderly, and visit their local pharmacy more frequently than other stockists such as supermarkets.

It is likely that people will need several different types of product in order to manage their incontinence. For example, many sufferers use lighter pads during the day and a much more absorbent pad at night. Disposable pads are commonly used, but some people prefer washable absorbent pads and pants. All-in-one washable garments are also available for heavier incontinence and night time use.

Thoughtful guidance

It is worth advising women who may be buying sanitary products to cope with incontinence that these are made to a different specification and have far less absorbency than continence pads. Almost a third of pantliners sold are thought to be used for urine loss. Kimberly-Clark, manufacturer of the Poise range of incontinence products, also advises that "you recommend sufferers visit their GP if they haven't already, as experiencing bladder weakness can sometimes be a side effect of another condition".

Effective category management can have a great influence on sales and help customers find what they need more easily in the pharmacy. Many customers may be embarrassed to ask for help so it is important that a good product offering is available to prevent this. Arranging bladder weakness products alongside the feminine hygiene section can benefit customers and help pharmacists get the most from the category. As it is not uncommon that some sufferers tend to buy sanitary products to avoid embarrassment they may, therefore, be encouraged to glance at and consider purchasing suitable protection from the incontinence range.

Stocking products at eye level is also an important consideration for customers who are embarrassed about their condition.

In an effort to encourage people not to suffer in silence, Tena manufacturer SCA Hygiene – which has a 78 per cent share of the personal care mark – is spending £6.5m on a television advertising campaign in 2006. Directed at Tena's target mark of menopausal and 45+ women, the campaign aims to drive consumers to the pharmacy for advice on bladder weakness.

Nick Foulger, Tena brand manager, says: "We ar keen to help women and men manage their bladder weakness by providing better quality products to ensure overall superior performance. Our planned weight of advertising and support in pharmacy this year will serve to increase the huge brand equity Tena already enjoys with the consumer and the category growth we have experienced over the past years."

With manufacturers encouraging customers to 'ask their pharmacist' about incontinence products and advice, it is worth refreshing your knowledge of this area, and gives a great opportunity to help break down the taboos surrounding this sensitive issue.

Grants up for grabs

The Tena Zest for Life Bursary 2006 has been launched, offering men and women the chance to fulfil their lifelong dreams. Bursaries of up to £4,000 are available to those with a clear plan and budget, and obvious commitment to their project.

Previous winners include a female comedy tri named Mutton, who were given the chance to perform at the Edinburgh Fringe Festival, and a group of four rowers, the Tena Ladies, whose boating ambitions were funded by a bursary.

Tena, www.tenazestforlife.co.uk

'he implications of growing old in Europe

he findings from a European survey on the emotional and practical nplications of growing old revealed fundamental differences between /hat Germans and Britons worry about with respect to growing old. The lder generation aged 50+ are most worried about heart disease and lzheimer's, while the younger generation in their 30s and 40s are oncerned about the prospect of incontinence.

Sponsored by Tena, the survey questioned 2,000 people, aged from 14 to 5 years plus. The respondents were asked to carry out a ranking from a list f five health problems. The most striking fear was around the prospect of ementia and Alzheimer's. Among German respondents, 59.5 per cent saw hat as the most debilitating in terms of quality of life, with 35.5 per cent f British respondents sharing this fear.

However, in the 20 to 49 age group, it was incontinence that most oncerned 45 per cent of the Britons surveyed; a concern more evenly split etween the age groups for the German respondents.

'ena's magic solution

/ini Magic is the latest ddition to the Tena Lady ange. Launched in May, the roduct is said to be the size f a pantliner yet eight times rier. It is designed for mild ladder weakness associated /ith laughing, coughing and neezing and is expected to ppeal to those women urrently misusing pantliners) manage their condition.

Bladder weakness is xperienced by one in four omen over the age of , says Tena, and an timated 75 per cent of omen with the condition e using inappropriate mpro products.

ına, www.tena.co.uk; SCA Hygiene Products, tel: 01661 804070

The codes of practice

Whether it is the battle against counterfeit prescription medicines entering the UK or the absence of a meaningful product code, the importance of accurate data is rising up the business agenda

Ailsa Colquhoun

Accurate and timely data is the backbone of effective decision-making in any business, and within the pharmaceutical industry the need for supplier data that is both reliable and well managed is more crucial than ever.

Counterfeiting is a serious matter and although the number of counterfeit medicines in the legitimate supply chain remains small – only four incidents last year compared to the more than 600 million prescriptions that were written in the UK – it is one the industry is determined to keep on top of.

The Department of Health is currently carrying out a scoping exercise to review the potential applications, benefits, risks and broader implications of adopting product identification technology, and what standards should be introduced. The Medicines and Healthcare products Regulatory Agency (MHRA), whose job it is to keep abreast of technical developments relating to product authentication, is expected to contribute its thoughts to the government within the next few months.

The exercise could well expose holes in the current system, which could be plugged by better data management. Fake medicines and the possible implications for patient safety were aired on peak-time television in January when ITV's Tonight With Trevor McDonald programme questioned the MHRA's wholesaler licensing procedures.

The show's findings prompted the Royal Pharmaceutical Society to ask the government to look closely at how the MHRA works and, if a review is carried out, this is likely to encompass the role of supplier product data.

Wholesale implications

Although accurate data, and in particular product codes, are useful weapons for suppliers and the regulators in the fight against the counterfeiters, there is a feeling among wholesalers that there is a risk of introducing too many codes into the supply chain, which would create different problems for the legitimate healthcare industry. The British Association of Pharmaceutical Wholesalers (BAPW) has set up a working party to debate the issue.

When you consider that pharmaceutical wholesalers make more than 235,000 deliveries a week, and carry and supply around 20,000 drugs, medicines and services, it is understandable why they need automated systems to run efficiently. In fact, wholesalers deliver more than 85 per cent by value of the medicines dispensed in pharmacies plus around half of those used in secondary care. With lead times of typically less than half a day on orders and deliveries, it is essential manufacturers always supply data which can be read electronically.

The BAPW believes that suppliers have an important role in helping to reduce the number of different data codes. Typically, at the moment, there will be a code on the product itself, another on the packaging and often separate product codes on the outer, shipper and even the delivery pallet. The situation can be clouded even further by the addition of a wholesaler's own computer codes and internal ordering codes.

Sharp-eyed manufacturers will have noticed that e Global Data Sync Network, a cross-industry orking group, is recommending that the EAN UCC rcode should become the coding system for all armaceutical products in the supply chain. rrently, more than 90 per cent of pharma oducts carry an EAN code. However, recognising at there are limitations to the EAN system, the DSN group is also calling for a complete review all processes and practices relating to product de scanning and relabelling to assess if the rrent method of supplying and managing data uld be improved.

It is likely that the GDSN group will find some mpathy in the pharmaceutical supply chain for eir cause. On several occasions over the past few ars, parallel importers have found it necessary to fend the integrity of their business practices. spite being dubbed a 'weak link' in the supply ain, parallel importers use barcodes to maintain e necessary audit trails for their importations. chard Freudenberg, secretary-general of the tish Association of European Pharmaceutical stributors (BAEPD), which represents 14 mpanies, says some of the organisation's larger embers even go as far as barcoding their imports the UK market even though they are not liged to by UK law. He hopes the recent report, nderpinning Patient Safety', which was published barcoding interest group GS1 UK, will lead to rcoding as standard for pharmaceutical products. GSI UK is also calling for suppliers of everything om wheelchairs to hip grips to be able to track eir products more effectively by implementing a stem of barcoding. International studies have own that improved information systems such as rcoding can result in a 70 per cent reduction in or rates and reduce supply chain costs by up to per cent.

Wholesalers add their voices

PW agrees that all stakeholders in the UK armaceutical supply chain should introduce an fective coding and symbolisation system for all vels of packaging and processes. This would ake products more traceable, and protect eryone's interests from the manufacturer to the tient, it believes.

For this to work, though, suppliers need to preciate how wholesalers' electronic systems ork and why accurate data is vital for the whole pply chain to run smoothly. Pharmacy IT nsultant David Watkinson points out that in me countries, including the USA and Germany, there are already national coding systems run by a central body. He remains unsure, however, whether this would work in the UK just yet. "The government is reluctant to set up another quango to oversee such a system, but suggestions through the working group could certainly lead to a couple of product coding systems in the UK," he says, adding that the pip code is already widely used in the retail pharmacy supply chain. "The use of EAN.UCC codes is much more widespread than it used to be, while many wholesalers also demand suppliers provide a pip code before they will accept their product. All this will probably mean manufacturers will have to spend more on managing their data systems."

Certainly, the more forward-thinking manufacturers have already realised that there is significant potential for financial loss if retailers and wholesalers do not have the product data they need at the time they need it. Such suppliers make sure an EAN.UCC and pip code is put into the wholesale database network months before a product is launched. To Mr Watkinson, the message is clear: even those suppliers that already have data management systems will need to evaluate whether these are up to scratch with the changing demands of the retail market. "The problem now is more about the timing of getting this information to wholesalers. This is crucial because the absence of the right code can mean a delay in getting a product into market and this could have a big effect on a supplier's revenues," he says.

> Data will never be a sexy subject to most people but its importance to pharmaceutical suppliers should not be underestimated

To date, barcoding for the dispensary has not been a manufacturing priority because pharmacies have tended not to scan products at the point of dispensing. However, initiatives such as the electronic prescription service are likely to change current dispensing practices. Furthermore, as the new pharmacy contract integrates over the counter medicines into a pharmacist's NHS business, scanning at the point of sale is likely to become more commonplace as well. Like the grocers, pharmacists will then have the data to manage inventory and create effective customer relationship management strategies for marketing purposes, such as the creation of a loyalty scheme.

EPoS use is already increasing, the National Pharmacy Association reports, as pharmacists cotton on to the fact that they can use OTC sales data to increase profitability and reduce their reliance on NHS income.

Internal uses

Of course, suppliers' involvement with data goes much further than simply coding their products and packaging for external use down the supply chain. Modern suppliers must also manage a considerable amount of internal data and much of this information is an integral component of any sales or marketing strategy, particularly for OTC medicine manufacturers.

Information services provider IMS Health provides data for the pharmaceutical industry's many sales forces and marketing teams, who buy it to demonstrate to their bosses a real return on investment from every penny they spend. "Suppliers buy data covering lots of different areas because in such a competitive market they do not want to miss out on anything," says IMS consumer health director Sue Johns.

IMS data services also allow pharmaceutical suppliers to evaluate distribution channels for their products. Compared to other retail goods, OTC medicines yield lucrative margins and are a popular retail offering in the non-pharmacy market. As Sue Johns points out: "With changes in distribution it is more important that the data trail can be followed and analysed correctly. We help suppliers pre-plan their production by letting them know exactly where their products are in the supply chain."

Data will never be a sexy subject to most people but its importance to pharmaceutical suppliers should never be underestimated. Without it there would be chaos. The challenge for manufacturers is to ensure that they invest the appropriate amount of effort into ensuring their systems not only utilise the necessary coding systems but, perhaps more importantly, that they communicate that information effectively within the supply chain

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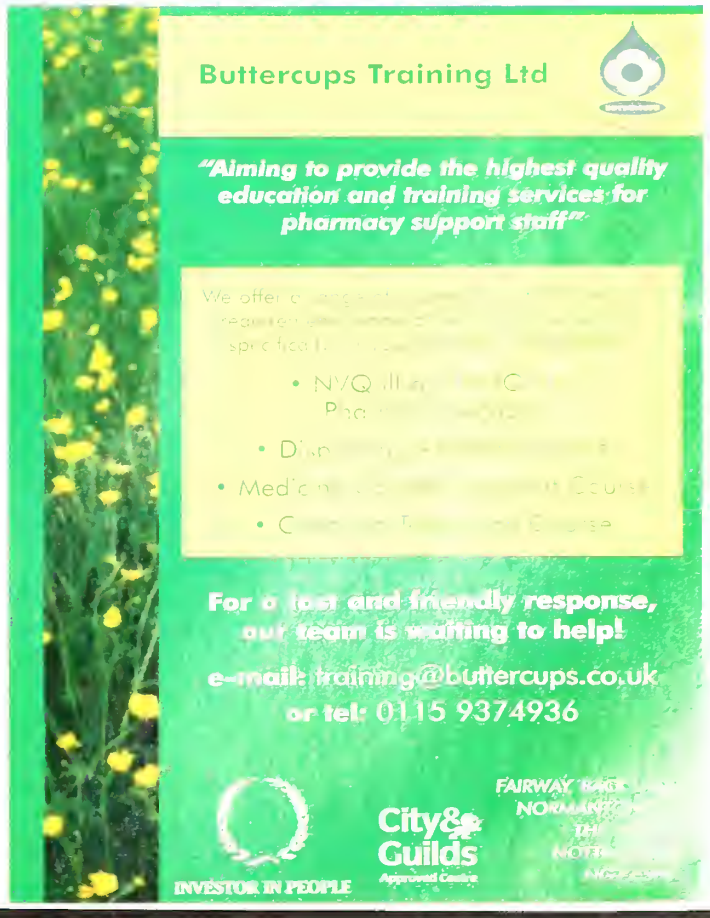

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Scaling the heights for charity

Locum pharmacist raises funds for hospital charity

Jo Parker, a locum pharmacist who works in North Yorkshire and Leeds (C+D, April 8, 2006), successfully climbed Snowdon last month and raised more than £2,300 for the Royal Brompton Hospital. She is pictured (in front) with Justine Raynsford, also a pharmacist, who works for Leeds Mental Health Trust.

Ms Parker followed the Pyg track on the way up and the Llanberis track on the way down. "I had a great day and felt surprisingly OK," she said. "My team of Justine, Julie Pittaway and Co-Co the chocolate Labrador looked after me on a very hot day, but this did allow for stunning views.

"Friends and family and the pharmacies in which I work regularly have been fantastic donating and collecting, so a big thank you to everyone."

The money raised will go towards research, medical equipment and amenities for patients and families at the Royal Brompton. The hospital provided Ms Parker's niece, Jessica, with pioneering treatment, as well as care and support for her family. "Jessica is doing remarkably well, is off oxygen most of the time now and catching up with her twin sister Alice," she said.

Easigrip team's Race for Life

A team of fundraisers from bandage manufacturer Easigrip took part in the Race for Life at Warwick Racecourse and raised £700 for Cancer Research UK.

Staff from the family-run business in Warwick, which makes elasticated tubular bandage and a new conforming bandage called Kontour, were encouraged to take part by company founder and former community pharmacist Gill Sweeney.

"It was the first time most of us had ever taken part in the Race for Life. It was thoroughly enjoyable and our thanks go to everyone who kindly sponsored us," she said.

The team of novice runners, all of whom have

relations who have suffered from cancer, successfully completed the 5km route.

"Luckily no-one needed to use any of our products," joked Ms Sweeney.

Appointments

Liam Stapleton (pictured) has been appointed as the new head of education and training at the National Pharmacy Association. He joins at the end of the month from Boots, where he managed the provision of training and development for pharmacy support staff. He is vice chairman of the Pharmacy Sector Education Committee and is on the Strategy Group for National Occupational Standards.

Dr Peter Fellner will become chairman of biotechnology company Acambis on October 1.

David Simmons has been appointed as chief scientific officer at Cellzome, the privately-owned drug discovery company.

Sinclair Pharma has appointed Danilo Casadei Massari as vice-president of corporate development and promoted Alan Olby to the new role of finance director.

Intercytex, the cell therapy company, has appointed Jan Benschop as vice-president, commercial development.

Dr Chris Blackwell has joined the board of gastrointestinal drug specialist AGI Therapeutics.

Researchers warn: wash your duvets!

Dirty duvets are bad for your health, a study suggests, with many containing dangerously high levels of bacteria, fungal spores, stains, cat and dog allergens and dust mites.

Researchers at Worcester University analysed 10 duvets and found they contained up to 20,000 live house dust mites. One that had not been washed for 11 years had 45g of debris, including skin scales and dust mite faeces. Seven had not been washed in 10 years.

Professor Jean Emberlin, director of the National Pollen and Aerobiology Research Unit at Worcester University, said in some cases the levels of allergens and contaminants were "dangerously high" and could cause symptoms of serious allergies such as asthma, eczema, and rhinitis.

The research – commissioned by Hotpoint Aqualtis – recommends washing duvets at least every six months, more frequently for those used by young children.

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